PETITION FOR EXTENTION OF TIME UNDER 37 CFR 1.136(a)	Dockot Number (Optional) 108140.00030							
Application Number 10/695,194 File	Filed October 28, 2003							
FOR DIAGNOSTIC METHOD FOR TRANSMISSIBLE ENCEPHALOPATHIES								
Art Unit 1645 Exa	aminor Rodney P. Swartz							
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.								
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):								
Large Entity Fee Small Entity Fee								
☑ One month (37 CFR 1.17(a)(1)) \$120	\$60 5 60.00							
☐ Two months (37 CFR 1.17(a)(2)) 5450 3	5225 . <u>\$</u>							
☐ Three months (37 CFR 1.17(a)(3)) \$1020 \$	\$510 \$ <u></u>							
Four months (37 CFR 1.17(a)(4)) \$1590 \$	\$795							
Fivo months (37 CFR 1.17(a)(5)) \$2160 \$:	1080 \$							
Applicant claims small entity status. See 37 CFR 1.27.	oplicant claims small entity status. See 37 CFR 1.27.							
A check in the amount of the fee is enclosed.	check in the amount of the fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached.	ayment by credit card. Form PTO-2038 is attached.							
The Director has already been authorized to charge fees in this application.	he Director has already been authorized to charge fees in this application to a Deposit Account.							
The Director is hereby authorized to charge any fees which may be required, or credit any overpay Deposit Account Number 01-2300 (Referencing Docket No. 108140.00030								
WARNING: Information on this form may become public. Credit card information Provide credit card information and authorization on PTO-2038.	WARNING: Information on this form may become public. Condit card information should not be instituted on this form							
I am the applicant/inventor.	. •							
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).								
attorney or agent of record. Registration Number 32,300 attorney or agent under-37 CFR 1.34 Registration number if acting under 37 CFR 1.27								
							La Signature Selde	January 11, 2007 Date
Rochelle K. Seide, Ph.D.	(212) 484-3945							
Typod or printed name	Tolophone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms it more than one signature is required, see below.								
Total of forms are submitted.								

process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is optimated to take it manutes to complete, including process an application. Considerating to governed by its U.S.C. 122 and 37 GPR 1.11 and 1.14. This collection is operating to take it minutes to compete account graphisting, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademisik Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.// you need assistance in completing the form, call 1-800-PTO-9199 and soluci aption 2.

-Adjustment-date: 11/21/2007 - CKHLOK **06/11/2007 TL0111 -- 00000072 012300 01 FC:2251 60.00 CR

10695194

01 FC:2251

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND								
1 Date of Request: 11/20/07 2 Seria			al/Pat	tent	#1	0/695,194		
3 Please refund the following fee(s):		4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT			
·	Filing					\$		
	Amendment					\$		
Х	Extension of Time 2251				06/08/07	\$ 60.00		
	Notice of Appeal/Appeal					\$		
	Petition					\$		
	Issue					\$		
	Cert of Correction/Terminal	Disc.				\$		
	Maintenance					\$		
	Assignment					\$		
	Other					\$		
					7 TOTAL AMOUNT \$ 60.00			
		8 TO BE REFUNDED BY:						
10 REASON:		Treasury Check						
	Overpayment		X Credit Deposit A/C #:					
Х	Duplicate Payment			9 (0 1 2	2 3 0 0		
	No Fee Due (Explanation):							
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: Irvin Dingle					TITLE:	Paralegal		
SIGNATURE: dri dyl				F	PHONE:	2-3210		
OFFICE: Petitions								
THIS SPACE RESERVED FOR FINANCE USE ONLY:								
APPROVED: DATE:								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

FORM PTO 1577 (01/90)